

FILED MAY 24 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **15508**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar No. <b>1798</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>		c. CITY OR TOWN <b>Kansas City</b>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>				STREET ADDRESS (If rural, give location) <b>947 E. 4th</b>			
3. NAME OF DECEASED (Type or Print) <b>Frances</b>		a. (First)		b. (Middle)		c. (Last) <b>King</b>	
4. DATE OF DEATH (Month) <b>4</b> (Day) <b>22</b> (Year) <b>55</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	
8. DATE OF BIRTH <b>December 23, 1892</b>		9. AGE (in years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>62</b> Days <b>0</b>		IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michael J. Brennan</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Woolis</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-26-1318</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J. C. Stagg - 3026 Elmwood X6 Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>486-26-1318</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage (GI) - Undetermined source</b>				INTERVAL BETWEEN ONSET AND DEATH <b>578X</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-22-</b> , 1955, to <b>4-22-</b> , 1955, that I last saw the deceased alive on <b>4-22-</b> , 1955, and that death occurred at <b>8:00p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>K.C., Mo.</b>		23c. DATE SIGNED <b>4-23-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 25, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-23-55</b>		REGISTRAR'S SIGNATURE <b>Reverend Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kilb's Funeral Home - 2375 Winwood</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address H. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.